

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030847

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2046

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Manchester

Length of stay in lb  
16 Months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Manchester Nursing Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri COUNTY St. Louis admission)

c. CITY  
OR  
TOWN

Charlack

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

2440 Bristow

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Mary F. Pigg

4. DATE  
OF  
DEATH

Month Day Year  
JUNE 25, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/16/1873

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 Hrs.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Shelbyville Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Abraham Herod

13b. MOTHER'S MAIDEN NAME

Mary F. Carrow

14. NAME OF HUSBAND OR WIFE

The Late Richard Pigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

No

No

16. SOCIAL SECURITY NO.

Mary Moore 2440 Bristow

17. INFORMANT

18. CAUSE OF DEATH (Enter only one cause per line - for each line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CHRONIC MYOCARDITIS

INTERVAL BETWEEN  
ONSET AND DEATH

3

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause, last.

DUE TO (b)

CHRONIC NEPHRITIS

DUE TO (c)

SENILITY

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

NONE

PART III. If deceased was female, was  
there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-8-63 to 6-25-63 and last saw her alive on 6-24-63  
Death occurred at 1:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Dress or title)

B.R. Paving, M.D.

22b. ADDRESS

BALLWIN, Mo.

22c. DATE SIGNED

6-25-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

REMOVED VAL

23b. DATE

6/27/1963

23c. NAME OF CEMETERY OR CREMATORY

Herod Cemetery

23d. LOCATION (City, town, or county)

Des Loge

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.

6-26-63

26. REGISTRAR'S SIGNATURE

John E. Murphy, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Sheldon Collier*

Licensed Embalmer No.

*3382*

P. O. Address

*St. Ann 2000.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

JAN 1961